

From: Robert Fanjul
8/21/2019

Fax: 18775036086

Fax: (850) 617-6381
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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19 AUG 22 PM 2:53
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : FANJUL CPA, INC.
Account Number : I20130000039
Phone : (305)603-8791
Fax Number : (877)503-6086

C RICO
AUG 22 2019

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
NOMADIC COOK & MORE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NOMADIC COOK & MORE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7322 SW 80TH STREET PLZ APT 194
MIAMI, FL 33143

Mailing Address:

7322 SW 80TH STREET PLZ APT 194
MIAMI, FL 33143

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ALFONSO CUELLAR

Name

7322 SW 80TH STREET PLZ APT 194

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL

33143

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Alfonso Cuellar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 AUG 22 PM 2:53
STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

ALFONSO CUELLAR

7322 SW 80TH STREET PLZ APT 194

MIAMI, FL 33143

AMBR

ZUHEILLY AFANADOR

7322 SW 80TH STREET PLZ APT 194

MIAMI, FL 33143

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Alfonso Cuellar

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ALFONSO CUELLAR

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)